

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5573NSP</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>NURSECORE OF LAS VEGAS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4423 FLAMINGO RD LAS VEGAS, NV 89103</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 28383 This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 09/16/09, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Ten employee records were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	P 000		
P 095	<p><b>449.7481 ANNUAL EVALUATION OF NURSING POOL</b></p> <p>Section 18 1. A licensee shall perform an overall evaluation of the nursing pool annually. The purpose of the evaluation is to audit the financial condition of the nursing pool, to review its policies and procedures, to recommend additions or changes to those policies and procedures, and to ensure compliance with those policies and with applicable regulations. This Regulation is not met as evidenced by: Surveyor: 28383 Based on document review and staff interview, the agency failed to provide an annual evaluation of the nursing pool as required by statute.</p>	P 095		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 095	<p>Continued From page 1</p> <p>1. The agency lacked documented evidence of an annual evaluation that included an audit of the financial condition, review of policy and procedures and recommendation based on the audit of agency information.</p> <p>2. The agency lacked a report to reflect an annual evaluation of the agency to submit to the licensee as required by statute.</p> <p>Scope - 2 Severity - 1</p>	P 095			

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